ALLIES AGAINST ASTHMA
BASELINE INTERVIEW

STUDY ID # _____

INTERVIEW DATE _____
MM/DD/YYYY

INTERVIEWER'S INITIALS _____

LANGUAGE OF INTERVIEW

English ……1
Spanish ……2
Vietnamese …….3

Month Day Year

CHILD'S DATE OF BIRTH ☐☐ ☐☐ ☐☐☐☐

CHILD'S AGE IN YEARS _____

CHILD'S GENDER
Male……1
Female……2

CAREGIVER'S GENDER
Male……1
Female……2

ZIPCODE OF RESIDENCE _____

Introduction

<For interviewer to read>: The purpose of these questions is to collect information about your child's asthma. The information you provide will guide us in planning the type of assistance you will receive from Allies Against Asthma. The information you share with us will also be used in our research to figure out what kind of help to give all families who have a child with asthma. If there is a question you do not want to answer, please let me know and we can skip it. All of your responses are confidential.

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SECTION 1 - ASTHMA SEVERITY

⩤**For interviewer to read**⩥: These questions ask about how often asthma affected you and (CHILD) each day. The questions ask about asthma symptoms during two different time periods: in the last 14 days, and over the last 12 months. It is important to be as accurate as possible.
[Show calendar to CARETAKER and identify specific dates being referred to]

⩤**For interviewer to read**⩥: Asthma symptoms include wheezing, coughing, tightness in the chest, shortness of breath, waking up at night because of asthma symptoms, and slowing down of usual activities. Now I am going to ask you about each of the specific types of asthma symptoms:

[Enter 0 for None, 99 for 'Don't Know']

AS1. During the daytime in the **last 14 days**, how many days did (CHILD) have asthma symptoms such as wheezing, shortness of breath, or tightness in the chest, or cough? _____ days

AS1_1. How about in the **last 12 months**? _____ days

Begin with a PAUSE, if no answer restate the question. Avoid ranges: if given a range, i.e. 2 to 5 days a month, ask, "would that be closer to 2 or closer to 5? Is that every month?

If respondent says it varies during the year ask "at the worst time how many days a month? For how many months? And the rest of the year, how many days a month?

If respondent says most of the time, or all of the time etc. restate the response "do you mean a few days a week? How many?" "Do you mean every day of the year?"

[INTERVIEWER: Calculate and enter responses adjusted for 12 months.]

AS2. During the nighttime in the **last 14 nights**, how many nights did (CHILD) wake up because of asthma symptoms such as wheezing, shortness of breath, or tightness in the chest, or cough?_____ nights

AS2_1. How about in the **last 12 months**? _____ nights

[Use same probes as above replacing term "days" with "nights."]

AS3. During the **past 14 days**, that is **during the past fourteen 24 hour** periods that include daytime and nighttime, did [CHILD] have any asthma symptoms, such as wheezing, coughing, tightness in the chest, shortness of breath, waking up at night because of asthma symptoms, or slowing down of usual activities because of asthma? _____days

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SECTION 2 – EXPOSURE TO COMMUNITY EVENTS & PROGRAMS RELATED TO ASTHMA

≺**For interviewer to read**≻: Now I'm going to ask you some questions about your community:

E1) Have you heard of the **King County Asthma Forum?**

YES 1
NO 2
DON'T KNOW 9
[*If 'NO' or 'DON'T KNOW', go to #3. If 'YES', go to #2 and ask]:*

E2) How many times have you participated in activities or received help from the **King County Asthma Forum?**

{Probe if per week, month, year}

___ ___/week
___ ___/month
___ ___/year
NEVER 98
DON'T KNOW 99

E3) How often do you hear someone in your neighborhood talking about asthma?

VERY OFTEN 1
SOMETIMES 2
SELDOM 3
NEVER 4
DON'T KNOW 9

E4) Have you or your child talked with a **doctor or nurse** about your child's asthma in the last 6 months?

YES 1
NO 2
DON'T KNOW 9

E5) Has anyone visited your **home** to talk with you about your child's asthma in the last 6 months?

YES 1
NO 2
DON'T KNOW 9

E6) Has anyone called you on the **phone** to talk with you about your child's asthma in the last 6 months?

YES 1
NO 2
DON'T KNOW 9

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E7) Have you or your child attended a class on asthma in your **child's school** in the last 6 months?

YES 1
NO 2
DON'T KNOW 9

E8) Have you or your child attended a class on asthma at any other place, like a health clinic, neighborhood center, or church in the last 6 months?

YES 1
NO 2
DON'T KNOW 9

E9) Have you or your child participated in some other activity for people with asthma such as a health fair, asthma camp, or neighborhood event in the last 6 months?

YES 1
NO 2
DON'T KNOW 9

E10) Have you heard a presentation on asthma in a church or some other community organization in the last 6 months?

YES 1
NO 2
DON'T KNOW 9

E11) Have you received hand-outs or fliers or manuals on asthma in the last 6 months?

YES 1
NO 2
DON'T KNOW 9

E12) Have you noticed posters or billboards or other announcements in your neighborhood about asthma in the last 6 months?

YES 1
NO 2
DON'T KNOW 9

E13) Have you been to an asthma support group in the last 6 months?

YES 1
NO 2
DON'T KNOW 9

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SECTION 3 – PARENT ASTHMA MANAGEMENT STRATEGIES

≺For interviewer to read≻: I'd like to ask you about things you may have done to manage [CHILD'S] asthma at home during the **past 12 months**.

For each item, please tell me how often you did these things: all the time, fairly often, not too often, never:

How often did you:	All the time	Fairly often	Not too often	Never
1. Give (CHILD) asthma prescription medicine when he/she was having symptoms.	4	3	2	1
2. Find ways to keep yourself and (CHILD) calm when he/she was having symptoms.	4	3	2	1
3. Have (CHILD) rest or play quietly when he/she was having symptoms.	4	3	2	1
4. Take (CHILD) away from what caused the symptoms.	4	3	2	1
5. Ask someone for help or advice about managing (CHILD)'s asthma.	4	3	2	1
6. Give (CHILD) asthma medicines before he/she had contact with something that might cause wheezing or coughing, for example, before entering a smoky restaurant or before he/she played sports.	4	3	2	1

Clark, N.M., Gong, M, Kaciroti, N. A model of self-regulation for control of chronic disease. *Health Education & Behavior* 28(6):769-782, 2000.

SECTION 4 – SOCIAL SUPPORT

≺For interviewer to read≻: This last question asks about how much help you get in dealing with your child's asthma. There is no right or wrong answer. Different people want and get different types help.

SS1. Do you have at least one person who is not a medical provider that you can count on to help you take care of your child's asthma?

YES ❒$_1$ NO ❒$_2$ DON'T KNOW ❒$_9$

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SECTION 5 – ASTHMA CARE ACCESS & QUALITY

<For interviewer to read>: These next few questions are about your child's health insurance and health care providers.

AQ1. Is [CHILD] covered by any health insurance, including medical coupons?

Yes 1
No ..... 2 [If no skip to AQ2]
Don't know…….. 9 [If don't know skip to AQ2]

AQ1a. If yes, what is the name of the plan?

Community Health Plan of Washington (CHPW) 1
Molina 2
Premera/Blue Cross 3
Regence Blue Shield 4
Group Health 5
Aetna 6
Other …… SPECIFY 7
Don't Know 9

AQ1b. Is the health insurance through Medicaid or CHIP?

Yes 1
No 2
Don't know…….. 9

AQ2. Does [CHILD] have a doctor, a health care provider or a clinic which he/she usually goes to for most of his/her **medical care**?

Yes…….1 SPECIFY: Name_____
No…..……..2 ⇒ **Skip to AQ4**

AQ3. Is this the doctor, health care provider or clinic that mainly treats [CHILD]'s asthma?

Yes ..... 1 ⇒**Skip to AQ4**
No…… 2
Don't Know ..... 9 ⇒**Skip to AQ5**

AQ4. Who is the doctor, heath care provider or clinic that mainly treats [CHILD]'s asthma?

Name: _____

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⋖For interviewer to read⋗: A case manager is somebody other than your child's doctor or health care provider who makes sure that your child gets all the services he or she needs and that these services fit together in a way that works for you.

AQ5. Does your child have a case manager?

Yes……1 Name:_____

No ……2 **⇒Skip to AQ7**

AQ6. What does s/he do to help [CHILD]'s asthma? *[Write down verbatim response]*

_____

_____

AQ6a. Would it be OK for me to contact her/him? ❒1 **YES** ❒2 **NO**

⋖If yes, **ASK PARENT TO SIGN CARE COORDINATION FORM⋗** ❒ (*check when done*)

Name:_____ Phone: _____

AQ7. In the **past 12 months,** has someone, other than from Allies Against Asthma, come to your home or called you on the phone to help you take care of [CHILD]'s health or manage your child's asthma? *[Prompt: CHW, outreach worker, public health nurse, volunteer like Master Home Environmentalist, school nurse, SECAMP nurse, insurance nurse]*

Yes 1

No ..... 2 ⇒ **Skip to AQ8**

AQ7a. If yes, would it be okay for me to contact her/him? ❒1 **YES** ❒2 **NO**

⋖If yes, **ASK PARENT TO SIGN CARE COORDINATION FORM⋗** ❒ (*check when done*)

Name:_____ Phone: _____

AQ8. Does [CHILD] attend child care?

Yes 1

No ..... 2 ⇒ **Skip to AQ10**

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AQ9. If yes, would it be okay for me to contact the center? ❒1 **YES** ❒2 **NO ⇒ Skip to AQ10**

⪡If yes, **ASK PARENT TO SIGN CARE COORDINATION FORM**⪢ ❒ (*check when done*)

Name of Center and contact person: _____

AQ10. Does [CHILD] attend school?

Yes 1

No ..... 2 ⇒ **Skip to AQ12 if YES to AQ8, otherwise, SKIP TO Section 6.**

AQ11. If yes, would it be okay for me to contact the school?

⪡If yes, **ASK PARENT TO SIGN CARE COORDINATION FORM**⪢ ❒ (*check when done*)

Name of school and nurse: _____

⪡If Child is in school or childcare (YES to AQ8 or AQ10), continue. If not, **skip to Section 6.** ⪢

AQ12. In the **<u>past 12 months</u>,** how helpful have the staff at [CHILD]'s school [or child care if not in school] been in helping with [CHILD]'s asthma:

	School	**Childcare**
Very helpful	1	1
Somewhat helpful	2	2
A little helpful	3	3
Not at all helpful	4	4
Not applicable	98	98

AQ13. Do you think there are asthma triggers in your child's school or daycare?

Yes 1

No 2

Don't Know 9

Not applicable 8

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SECTION 6 – PEDIATRIC ASTHMA CAREGIVER ASTHMA QUALITY OF LIFE QUESTIONNAIRE

<For interviewer to read>: When a child has asthma, the parent's or caregiver's life is also affected. This section is designed to find out how *you* have been during the last week. We want to know about the ways in which your child's asthma has affected your normal daily activities and how this has made you feel. It is important that you understand we are not judging you by your responses; we understand that asthma can be challenging and frustrating. We hope you will be open with us in answering these questions, since the information will help us understand the type of support needed by caregivers of children with asthma.

[Show response card]

During the past week, how often:

	All of the time	Most of the time	Quite often	Some of the time	Once in a while	Hardly any of the time	None of the time
QL1. Did you feel helpless or frightened when your child experienced cough, wheeze, or breathlessness?	1	2	3	4	5	6	7
QL2. Did your family need to change plans because of your child's asthma?	1	2	3	4	5	6	7
QL3. Did you feel frustrated or impatient because your child was irritable due to asthma?	1	2	3	4	5	6	7
QL4. Did your child's asthma interfere with your job or work around the house?	1	2	3	4	5	6	7
QL5. Did you feel upset because of your child's cough, wheeze, or breathlessness?	1	2	3	4	5	6	7
QL6. Did you have sleepless nights because of your child's asthma?	1	2	3	4	5	6	7
QL7. Were you bothered because your child's asthma interfered with family relationships?	1	2	3	4	5	6	7
QL8. Were you awakened during the night because of your child's asthma?	1	2	3	4	5	6	7
QL9. Did you feel angry that your child has asthma?	1	2	3	4	5	6	7

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<For interviewer to read>: During the past week, how worried or concerned were you:

[Show response card]

	Very, Very Worried/ Concerned	Very Worried/ Concerned	Fairly Worried/ Concerned	Somewhat Worried/ Concerned	A Little Worried/ Concerned	Hardly Worried/ Concerned	Not Worried/ Concerned
QL10. About your child's performance of normal daily activities?	1	2	3	4	5	6	7
QL11. About your child's asthma medications and side effects?	1	2	3	4	5	6	7
QL12. About being overprotective of your child?	1	2	3	4	5	6	7
QL13. About your child being able to lead a normal life?	1	2	3	4	5	6	7

QL14. Now, **compared to this time last year**, how has your family been dealing with [CHILD'S] asthma?

[Show response card]

Much better now than one year ago 1
Somewhat better now than one year ago 2
About the same as one year ago 3
Somewhat worse now than one year ago 4
Much worse now than one year ago 5

SE1. Overall, how confident are you that you can control any asthma symptoms that your child has so that they don't interfere with the things he/she wants to do.

Not at all confident 1 2 3 4 5 6 7 8 9 10 Totally confident

SE2. Overall, how confident are you that you can control any asthma symptoms that your child has so that they don't interfere with the things your family wants to do.

Not at all confident 1 2 3 4 5 6 7 8 9 10 Totally confident

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SECTION 7 – ASTHMA HISTORY (ALLERGIES)

⩤**For interviewer to read**⩥: Now I have a few more questions about your child's asthma history:

AH1. Do any of the following things seem to make [CHILD'S] asthma **worse**?

[Read choices. Multiple responses allowed]

Pets; SPECIFY 1
Mold 2
Pollen 3
Dust/dust mites 4
Cockroaches 5
Mice/rat pests, SPECIFY 6
Medicine; SPECIFY 7
Food; SPECIFY 8
Tobacco smoke 9
Other smoke 10
Fragrances 11
Cleaners 12
Other chemicals 13
Anything else; SPECIFY_____ 98
Don't know 99

AH2. Has *[CHILD]* ever been tested with a skin test or blood test to see what substances cause his/her allergies?

Yes……..1 [⏭If yes] Where ? _____ When ?_____
No……2
Don't know.....9

If child has been tested, is child allergic to any items above?
YES ❒$_1$ If yes, which ones? _____
NO ❒$_2$

[Ask parent to sign release form so that we may get a copy of the results] _____*Initial when done*

⩤**For interviewer to read**⩥: Now I would like you to think about the **<u>past three months</u>** and ask you a question about **asthma attacks. "Asthma attack"** refers to times when your child's asthma symptoms are worse, limiting his/her activity more than usual, or making you seek medical care for him/her. *[Show calendar]*

AH4. **During the past three months,** about how many asthma attacks did [CHILD] have? _____

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SECTION 8- HEALTH CARE UTILIZATION

≺For interviewer to read≻: Now I would like you to also think about the **past 12 months.** I would like to ask you about hospitalization, emergency room visits, and visits to doctor's office or clinic for asthma during that time. *[Continue to show calendar]*

HC1. During the **past 12 months,** that is since _____, did [CHILD] have to stay **overnight in the hospital** because of asthma?

Yes……..……1 ⏭If yes, how many times?_____
No…….2
Don't Know 9

HC2. Not counting hospitalizations, during the **past 12 months,** that is, since _____, did [CHILD] go to an **emergency room** because of **asthma?**

Yes……..……1 ⏭If yes, how many visits? _____
No……..……..2
Don't Know 9

HC3. Not counting hospitalizations or emergency room visits, during the **past 3 months**, that is, since _____, did [CHILD] see a doctor or health care provider in the **office or clinic for asthma**?

Yes…… ..... 1 ⏭If yes, how many visits? _____

No …… 2

HC3a. How many of these visits were **unscheduled**, that is, you walked in or scheduled less than 24 hours ahead? _____

≺For interviewer to read≻: Many people have problems making and keeping doctor's appointments for their child's asthma, because it's hard to get to the clinic, they can't afford to go, or other reasons.

HC4. In the **past 12 months**, have you had any problems making appointments for [CHILD]'s asthma?

Yes……..……..… 1
No……..……..... 2

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SECTION 9- DEMOGRAPHICS

⋖**For interviewer to read**⋗: Next we have a few questions about you. Knowing these things will help us understand better who is participating in this project:

D1. Regarding your employment status, are you currently:

[Read choices and select all that apply]

Employed for wages 1
Self-employed 2
Out of work for more than 1 year 3
Out of work for less than 1 year 4
Homemaker 5
Student 6
Retired 7
Unable to work 8
Refused to answer…… …..9

D2. What is the highest grade or year of school you completed?

*[Do **not** read choices]*

No schooling completed 1
Nursery school to 4th grade 2
5th grade or 6th grade 3
7th grade or 8th grade 4
9th grade 5
10th grade 6
11th grade 7
12th grade—**No Diploma** 8
High school graduate—high school DIPLOMA or equivalent (i.e. GED) 9
Some technical/vocational school 10
Completed technical/vocational school 11
Some college credit, but less than 1 year 12
1 or more years of college, no degree 13
Associate's Degree (for example: AA, AS) 14
Bachelor's Degree (for example: BA, AB, BS) 15
Master's Degree (for example: MA, MS, Meng, Med, MSW, MBA) 16
Professional Degree (for example: MD, DDS, DVM, LLB, JD) 17
Doctorate Degree (for example: PhD, EdD) 18
Other (please describe, including country where education took place) 19
(specify & country) _____
Refused to answer 99

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D3. What is your age and date of birth? **Age (in years)** _____ **DOB** ☐☐ ☐☐ ☐☐☐☐

D4. What is your relationship to [CHILD]?

☐1 Mother ☐2 Father ☐3 Grandmother ☐4 Grandfather ☐5 Aunt ☐6Uncle ☐7 Other (specify): _____

D5. Now, thinking about **yourself,** are you Spanish, Hispanic or Latino?

Yes 1
- Mexican, Mexican American, Chicano..... 1a
- Puerto Rican..... 1b
- Cuban..... 1c
- Other Spanish, Hispanic, Latino..... 1d
  - Specify: _____

No 2

Don't know..... 9

D6. Now, thinking about **your child,** is s/he Spanish, Hispanic or Latino?

Yes 1
- Mexican, Mexican American, Chicano..... 1a
- Puerto Rican..... 1b
- Cuban..... 1c
- Other Spanish, Hispanic, Latino..... 1d
  - Specify: _____

No 2

Don't know..... 9

≺**For interviewer to read**≻: Here is a card showing different racial categories. Tell me one or more races that you consider **yourself** to be. Then, tell me one or more races that you consider **your child**.

*[Show card with racial categories to **all** participants]*

D7. Race:	**Caregiver**	**Child**
White	1a	1b
Black or African American	2a	2b
American Indian or Alaska Native	3a	3b
Asian Indian	4a	4b
Chinese	5a	5b
Filipino	6a	6b
Japanese	7a	7b
Korean	8a	8b
Vietnamese	9a	9b
Other Asian; SPECIFY	10a	10b
Native Hawaiian	11a	11b
Guamanian or Chamorro	12a	12b
Samoan	13a	13b
Other Pacific Islander; SPECIFY	14a	14b
Some other race; SPECIFY	15a	15b

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SECTION 10 - SMOKING

⋖**For interviewer to read**⋗**:** Now I'm going to ask you some questions about [CHILD]'s exposure to tobacco smoke in your home and away from home.

TS1. Did **you** smoke tobacco **during the past 7 days?**

❑$_1$ Yes

❑$_2$ No…. ➥***Skip to TS5***

TS2. How many cigarettes did you smoke each day? _____ cigarettes

[if not cigarettes, indicate ❑$_1$ *pipe or* ❑$_2$ *cigar or* ❑$_3$ *other* _____*]*

TS3. On how many of the past 7 days did you smoke? _____ days

TS4. When you smoked at home, how much of the time did you smoke **inside** the house as compared to going **outside** the house to smoke?

Smoked outside the house:	Always	1
	Most of the time	2
	Sometimes	3
	Rarely	4
	Never (always smoked inside the house)	5

TS5. Please tell me if anyone else who lives in or regularly visits the house smokes in the home, and their relationship to [CHILD], such as father, grandmother, sibling, babysitter, family friend, and so forth.

(*Include all persons, and after each response,* ***probe****: Is there anyone else who smoked in the house in the past week? Record response in chart below)*:

❑ No one ➥***Skip to TS6***

Relationship:

1._____

2. ._____

3. ._____

4. ._____

5. ._____

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TS5a. Do any of these people smoke inside the house most of the time?

Yes ❒$_1$ No ❒$_2$

TS5b. If yes, how many? _____

TS6. Now think about places your child spends time AWAY from home. Does anyone smoke around your child?

Place	Amount smoked AWAY from home
In a car	❑$_1$ Every day ❑$_2$ 4-6 days/week ❑$_3$ 2-3 days/week ❑$_4$ Once a week ❑$_5$ Never
At childcare	❑$_1$ Every day ❑$_2$ 4-6 days/week ❑$_3$ 2-3 days/week ❑$_4$ Once a week ❑$_5$ Never
At a friends	❑$_1$ Every day ❑$_2$ 4-6 days/week ❑$_3$ 2-3 days/week ❑$_4$ Once a week ❑$_5$ Never
Other (specify)	❑$_1$ Every day ❑$_2$ 4-6 days/week ❑$_3$ 2-3 days/week ❑$_4$ Once a week ❑$_5$ Never
Other (specify)	❑$_1$ Every day ❑$_2$ 4-6 days/week ❑$_3$ 2-3 days/week ❑$_4$ Once a week ❑$_5$ Never

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SECTION 11 - MEDICATION

⩤Interviewer: Now I would now like to find out about all medicines **prescribed by a doctor** that [CHILD] takes for his/her asthma.

M1. In the past 12 months, has [Child] taken any medicines prescribed by a doctor for asthma?

☐1 Yes ☐2 No ➥Skip to M6

M2. Please SHOW me, one by one, all of the prescribed asthma medicines that [CHILD] has taken during the past 12 months.

(If caregiver does not have medicines, ask him/her to describe each one and find it on the show card.)

	M2a. What is the name of the medicine?	M2b. How is this medicine taken?	M2c. How many days **in the past 14 days** (*show calendar*) did s/he take this medicine?	M2d. How many times **each day** did he/she take this medicine? **(Dose if inhaled steriods)**	M2e. Does [CHILD] use this medicine only at home, only at school, or both?	M2f. Is this medicine mainly used to **relieve** symptoms **as needed** OR **taken every day** to **control** symptoms and prevent attacks?
#1		☐1 inhaler ☐2 nebulizer ☐3 nasal spray ☐4 oral (pill/syrup)	☐99 No longer used	☐8 As needed ☐9 Don't know	☐1 Home only ☐2 School only ☐3 Both ☐9 Don't know	☐1 Relieve symptoms ☐2 Control asthma & prevent symptoms ☐3 Other:_____ ☐9 Don't know
#2		☐1 inhaler ☐2 nebulizer ☐3 nasal spray ☐4 oral (pill/syrup)	☐99 No longer used	☐8 As needed ☐9 Don't know	☐1 Home only ☐2 School only ☐3 Both ☐9 Don't know	☐1 Relieve symptoms ☐2 Control asthma & prevent symptoms ☐3 Other:_____ ☐9 Don't know
#3		☐1 inhaler ☐2 nebulizer ☐3 nasal spray ☐4 oral (pill/syrup)	☐99 No longer used	☐8 As needed ☐9 Don't know	☐1 Home only ☐2 School only ☐3 Both ☐9 Don't know	☐1 Relieve symptoms ☐2 Control asthma & prevent symptoms ☐3 Other:_____ ☐9 Don't know

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#4		☐1 inhaler ☐2 nebulizer ☐3 nasal spray ☐4 oral (pill/syrup)	☐99 No longer used	☐8 As needed ☐9 Don't know	☐1 Home only ☐2 School only ☐3 Both ☐9 Don't know	☐1 Relieve symptoms ☐2 Control asthma & prevent symptoms ☐3 Other:_____ ☐9 Don't know
#5		☐1 inhaler ☐2 nebulizer ☐3 nasal spray ☐4 oral (pill/syrup)	☐99 No longer used	☐8 As needed ☐9 Don't know	☐1 Home only ☐2 School only ☐3 Both ☐9 Don't know	☐1 Relieve symptoms ☐2 Control asthma & prevent symptoms ☐3 Other:_____ ☐9 Don't know
#6		☐1 inhaler ☐2 nebulizer ☐3 nasal spray ☐4 oral (pill/syrup)	☐99 No longer used	☐8 As needed ☐9 Don't know	☐1 Home only ☐2 School only ☐3 Both ☐9 Don't know	☐1 Relieve symptoms ☐2 Control asthma & prevent symptoms ☐3 Other:_____ ☐9 Don't know

Now, are there any other medicines prescribed by the doctor that you haven't shown me?

[Use the show card to help respondent identify any additional medications]

Yes ❒1 [*repeat questions above*]

No ❒2 [*continue to next question*]

[After last medication identified by respondent, ***ask****:* "Are there any more medications?"]

Yes ❒1 [*repeat questions above*]

No ❒2 [*continue to next question*]

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M3. Does your child take medicines only when s/he was having signs or symptoms or even when s/he was not having symptoms, or both times *(Circle one):*

Only for symptoms ……1

Only when no symptoms ……..2

Both …….3

M4. Has your child had any problems taking medications at school?

Yes ……1 **Specify**_____

No ……...2

M5. Do you use any medicines NOT prescribed by a doctor to treat [CHILD]'s asthma, such as those you can buy at the drug store without a prescription?

Yes ……1

No ……2 **➥Skip to M6**

Don't Know……..9 **➥Skip to M6**

M5a. If Yes, specify names of all used: Primatene mist, Primatene tablets, Vitamin C, and Quercetin or other:

_____

M6. Does [CHILD] have a spacer (such as an Aerochamber) to use with each of his/her inhalers?

Yes 1

No 2

Does not have inhaler 3

Don't know..... 9

M7. **In <u>the past 14 days</u>,** when inhalers were used, how often did [CHILD] use his/her spacer?

Never..... 1

Less than half the time..... 2

About half the time 3

More than half the time 4

Most/All the time..... 5

ID # _____

SECTION 12 - MEDICATION ADHERENCE

≺**For interviewer to read**≻: Many families have problems making sure children get all of their asthma medications or making sure they get medicines on time. I am going to go over several types of problems and ask whether any of them have been hard for you:

PH1. For many reasons, children do not always get their medicines exactly when they are supposed to. On a scale of 1 to 5, how many problems do you usually face when trying to be sure your child gets his/her medicines? 1 is no problems and 5 is a lot of problems with medicines*:*

[Circle number below]

1 2 3 4 5
No problem A lot of problems

PH2. On a scale of 1 to 5, how would you rate your child's experience with taking his/her medicines exactly on schedule? 1 means never missing a dose of medicine and 5 means often missing a dose:

[Circle number below]

1 2 3 4 5
Never misses a dose Often misses a dose

ID # _____

SECTION 13 - ASTHMA MONITORING

⩤**For interviewer to read**⩥: Now I would like to ask you some questions about keeping track of [CHILD]'s asthma:

AM1. When was the last time you and/or [CHILD] were aware of or checked in on his/her asthma symptoms?

[Ask as an open-ended question]

In the past 2 weeks 1

In past 2 months ..... 2 ➥**Skip to AM2**

In past 6 months ..... 3 ➥**Skip to AM2**

In past 12 months ..... 4 ➥**Skip to AM2**

More than 12 months ago ..... 5 ➥**Skip to AM2**

AM2. Does [CHILD] now have a working peak flow meter?

Yes 1

No ..... 2 ➥**Skip to AM4**

Don't Know ..... 9 ➥**Skip to AM4**

AM3. In the past 12months how often did you use the peak flow meter to try to measure [CHILD's] breathing when his/her asthma was getting worse, or when he/she was having an asthma attack?
(use show card)

Always 1

Almost always..... 2

Sometimes..... 3

Almost never..... 4

Never 5

AM4. Has your doctor or other health professional provided you with a written plan (action plan) to help you decide how to change [CHILD]'s asthma medicine in response to changes in his/her asthma?

Yes 1

No ..... 2 ➥**Skip to Section 14**

Don't Know ..... 9 ➥**Skip to Section 14**

ID # _____

AM5. In the past 12months how often did you use the action plan to change [CHILD'S] medicine in response to changes in his/her asthma?

(use show card)

Always 1

Almost always..... 2

Sometimes..... 3

Almost never..... 4

Never 5

AM6. Does your child's school or daycare have a copy of the action plan?

Yes..... 1

No 2

Not in school or daycare..... 3

Don't know 9

AM7. Do all your child's regular caretakers and child health care providers have a copy of the action plan?

Yes..... 1

No 2

No other regular caretakers and not in daycare 3

Don't know……9

ID # _____

SECTION 14 – METERED DOSE INHALER USE, ABILITIES

[If child does not use an inhaler, skip to Section 15]

⩤For interviewer to read⩥: Now, I'd like to watch [CHILD] use his/her inhaler

Please show me how you use the inhaler.

[This test can be performed with a Placebo inhaler if child does not have one at the moment]

Desirable Behaviors:	**Yes**	**No**	**N/A**
a. Patient shakes canister for 5 seconds.	1	0	98
b. Patient attaches spacer or Inspirease bag correctly.	1	0	98
c. Patient positions finger on the top of the medication canister and provides support.	1	0	98
d. Patient places the spacer tube or mouthpiece into the mouth between the teeth.	1	0	98
e. Patient exhales normally.	1	0	98
f. Patient closes lips around the spacer tube or mouthpiece.	1	0	98
g. Patient correctly presses down the top of the medication canister to release the medication.	1	0	98
h. Patient inhales medication deeply and slowly.	1	0	98
i. Patient holds the medication inside the lungs a minimum of 3 seconds before exhaling .	1	0	98

ID # _____

SECTION 15 - PEAK FLOW METER USE ABILITIES

⩤For interviewer to read⩥: Has the child ever used a peak flow meter? ❒$_1$ Yes ❒$_2$ No

If yes, continue. If no, skip to Section 16.

⩤For interviewer to read⩥: Now I'd like to see how you use a peak flow meter. Please show me how you use the peak flow meter:

[**provide child with the Mini-Wright meter**]	Yes	No
a. Stand up straight.	1	0
b. Make sure the arrow on the peak flow meter is at the "0" "L/MIN" position.	1	0
c. Take a deep breath.	1	0
d. Place mouthpiece behind your front teeth and seal your lips around the mouthpiece.	1	0
e. Blow fast and hard into the peak flow meter.	1	0
f. Read the number next to the arrow correctly.	1	0

SECTION 16 - ALTERNATE CONTACT

⩤For interviewer to read⩥: This is a one year study and during that time some people may move or change phone numbers. Is there someone you know of who might be able to help us stay in touch with you in case we do not have your correct phone number or address? ____ Declined

CONTACT NAME: First: _____ Last:_____

ADDRESS: Street: _____ City:_____

Zip code:_____

Phone: ( ) _____- _____

Relationship to you: _____

⩤For interviewer to read⩥: This concludes our interview. I want to thank you for participating in this project and want you to know that the information and opinions that you have given us about your child's asthma will help to improve asthma care for many others. Our next step is to set a time for our next visit. At that time I will bring you special mattress and pillow covers to reduce [CHILD'S] exposure to dust mites while

he/she is sleeping. During that visit we will also go through the home together to look for asthma triggers that may be making [CHILD'S] asthma worse. That information will be used for developing a plan for our work together. If you would like, we can also do a more general review of your home to look for other safety hazards that are not related to asthma. Those would be things that could cause falls, burns, poisoning, or other injury. Would you like us to include that in our visit?

HOME SAFETY CHECKLIST ❑$_1$ Yes ❑$_2$ No

The visit will probably take a little over an hour. Let's schedule a time now. Also, before I leave, I'll need to know what size mattress does [CHILD] sleeps on, so I can bring the correct size.

HEC Visit Scheduled Date:_____ Time: _____
Mattress size: _____

Thank you for taking the time to meet with me today. I look forward to our next visit.